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| Fill in this information to identify your case: | ., |
|---|--|
| United States Bankruptcy Court for the: | |
| Western District of North Carolina | |
| Case number (If known): | Chapter you are filing under: Chapter 7 |
| | Chapter 11 Chapter 12 |
| | Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

2/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | Part 1: Identify Yourself | | | | | |
|----|--|--|---|--|--|--|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
| 1. | Your full name | | | | | |
| | Write the name that is on your government-issued picture identification (for example, | Alexa First name Marie | First name | | | |
| | your driver's license or passport). | Middle name | Middle name | | | |
| | Bring your picture | Genovas | | | | |
| | identification to your meeting with the trustee. | Last name | Last name | | | |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | | |
| 2. | All other names you have used in the last 8 years | Lexi Genovas | | | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | | | | | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx - xx - <u>3</u> <u>2</u> <u>2</u> <u>7</u> OR 9 xx - xx | xxx - xx | | | |

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Alexa Marie Genovas Debtor 1

| irst Name | Middle Name | Last Name |
|-----------|-------------|-----------|

Case number (if known)_

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----------------|--------------------------------------|---|--|
| 4. | Your Employer | | |
| | Identification Number | EIN | EIN |
| (EIN), if any. | | | |
| | | EIN | EIN |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 154 Winterbell Drive | |
| | | Number Street | Number Street |
| | | Mooresville NC 28115 | |
| | | City State ZIP Code | City State ZIP Code |
| | | Iredell County | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. | ☐ I have another reason. Explain. |
| | | (See 28 U.S.C. § 1408.) | (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |
| | | | |

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Alexa Marie Genovas Debtor 1

First Name Middle Name Last Name Case number (if known)_

| Pa | rt 2: Tell the Court Ab | out Your Ba | ankruptcy Case | | | |
|-----|--|--|--|---|------------------------------------|--|
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | for Bankı Chap Chap Chap | ruptcy (Form 2010)). Also | n of each, see <i>Notice Re</i> o, go to the top of page 1 | equired by 11 L I and check the | J.S.C. § 342(b) for Individuals Filing appropriate box. |
| 8. | How you will pay the fee | local yours subm with: I nee Appl: I req By la less: pay t | ✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. | | | |
| | Have you filed for bankruptcy within the last 8 years? | Distric | t | | _ When | Case number Case number Case number |
| 10. | affiliate? Di | ebtor | | Whe | enRe | Relationship to you Case number, if known elationship to you Case number, if known |
| 11. | Do you rent your residence? | No. Yes. | Go to line 12. Has your landlord obtain No. Go to line 12. Yes. Fill out <i>Initial S</i> this bankruptcy petil | tatement About an Evict | | Against You (Form 101A) and file it with |

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Debtor 1 Alexa Marie Genovas

| First Name | Middle Name |
|------------|-------------|

e Last Name

Case number (if known)____

| Pa | rt 3: Report About Any E | Businesses You Own as a Sole Proprietor | |
|---|--|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ✓ No. Go to Part 4. ☐ Yes. Name and location of business | |
| A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | Name of business, if any Number Street | |
| | LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | City State ZIP Code | |
| | | Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above | |
| | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankrutpcy Code, and I choose to proceed under Subchatper V of Chapter 11. | |
| | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | ✓ No ☐ Yes. What is the hazard? If immediate attention is needed, why is it needed? Where is the property? | |
| | | | |

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Alexa Marie Genovas

First Name Middle Name

ame Last Name

Case number (if known)__

Part 5:

Debtor 1

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| <i>)</i> | S to neceive a bii | eiling About Credit Counselling | | | | |
|----------|--|---|--|--|---|--|
| | About Debtor 1: | | | About Debtor 2 (Sp | pouse Only in a Joint Case): | |
| | You must check one: | | | You must check one | ə <i>:</i> | |
| lit | counseling age | ✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. | | counseling age | efing from an approved credit ency within the 180 days before I uptcy petition, and I received a empletion. | |
| r | | the certificate and the payment you developed with the agency. | | | the certificate and the payment you developed with the agency. | |
| | counseling age filed this bankr | I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion. | | | efing from an approved credit ency within the 180 days before I uptcy petition, but I do not have a empletion. | |
| | | after you file this bankruptcy petition, copy of the certificate and payment | | | after you file this bankruptcy petition, copy of the certificate and payment | |
| S | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | | I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement. | | |
| | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. | | |
| | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. | | |
| | still receive a bri You must file a c agency, along w | tisfied with your reasons, you must efing within 30 days after you file. certificate from the approved ith a copy of the payment plan you y. If you do not do so, your case ed. | | still receive a bri You must file a c agency, along w | tisfied with your reasons, you must efing within 30 days after you file. certificate from the approved ith a copy of the payment plan you y. If you do not do so, your case ed. | |
| | | f the 30-day deadline is granted nd is limited to a maximum of 15 | | | f the 30-day deadline is granted nd is limited to a maximum of 15 | |
| | I am not require credit counseli | ed to receive a briefing about ng because of: | | I am not require credit counseli | ed to receive a briefing about ng because of: | |
| | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | | ☐ Incapacity. | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances. | |
| | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | | Disability. | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so. | |
| | Active duty. | . I am currently on active military duty in a military combat zone. | | Active duty. | I am currently on active military duty in a military combat zone. | |
| | briefing about cr | u are not required to receive a edit counseling, you must file a er of credit counseling with the court. | | briefing about cr | u are not required to receive a edit counseling, you must file a or of credit counseling with the court. | |

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Alexa Marie Genovas

Debtor 1

First Name Middle Name

Last Name

Case number (if known)

| Pa | rt 6: Answer These Ques | stions for Reporting Purposes | | | |
|---|---|--|--|---|--|
| 16. What kind of debts do you have? 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 10 as "incurred by an individual primarily for a personal, family, or household purpose." No. Go to line 16b. | | | | fined in 11 U.S.C. § 101(8) urpose." | |
| | | Yes. Go to line 17. | | | |
| | | 16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | |
| | | No. Go to line 16c.Yes. Go to line 17. | | | |
| | | 16c. State the type of debts you ow | ve that are not consumer de | bts or business de | bts. |
| 17. | Are you filing under Chapter 7? | ☐ No. I am not filing under Chap | ter 7. Go to line 18. | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapter 7 administrative expenses a No Yes | 7. Do you estimate that after are paid that funds will be ava | any exempt prope ailable to distribute | erty is excluded and e to unsecured creditors? |
| 18. | How many creditors do you estimate that you owe? | 1-49 50-99 100-199 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 millior \$10,000,001-\$50 millior \$50,000,001-\$100 mill \$100,000,001-\$500 m | on lion | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. | How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 millior \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 m | on lion | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Pa | rt 7: Sign Below | | | | |
| Fo | r you | I have examined this petition, and I correct. | declare under penalty of pe | erjury that the infor | mation provided is true and |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | |
| | | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | or property by fraud in connection to 20 years, or both. |
| | | /s/ Alexa Marie Genovas | | | |
| | | Signature of Debtor 1 | | Signature of Debt | tor 2 |
| | | Executed on Executed on | | | / DD / / / / / / / / / / / / / / / / / |
| | | MM / DD / YYY | i T | MIM | / DD /YYYY |

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Debtor 1 Alexa Marie Genovas

First Name Middle Name Last Name

Case number (if known)_____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Robert H Gourley Jr. | Date | 09/21/2023 | |
|-----------------------------------|--------------------|----------------------|------|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| Robert H Gourley Jr. | | | |
| Printed name | | | |
| Law Offices of Robert H Gourley J | r PA | | |
| Firm name | | | |
| 249 E Broad Street | | | |
| Number Street | | | |
| | | | |
| Statesville | NC | 28677 | |
| City | State | ZIP Code | |
| Contact phone 704-872-5051 | Email address bgou | rleydebtrelief@gmail | .com |
| | | | |
| 19034 | NC | | |
| Bar number | State | | |

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| Fill in this information to identify your case and th | is filing: | |
|---|---|--|
| Debtor 1 Alexa Marie Genovas | | |
| First Name Middle Name Last Debtor 2 | Name | |
| (Spouse, if filing) First Name Middle Name La | sst Name | |
| United States Bankruptcy Court for the: Western District Carolina | ct of North | |
| Case number | | ☐ Check if this is |
| (if know) | | an amended filing |
| Official Form 106A/B | | |
| | L | 40/45 |
| Schedule A/B: Propert | :y | 12/15 |
| In each category, separately list and describe iten category where you think it fits best. Be as compl responsible for supplying correct information. If r write your name and case number (if known). Ans Part 1: Describe Each Residence, Building | ete and accurate as possible. If two married peo nore space is needed, attach a separate sheet to wer every question. | ple are filing together, both are equally this form. On the top of any additional pages, |
| 1. Do you own or have any legal or equitable inte | rest in any residence, building, land, or similar p | property? |
| ☐ No. Go to Part 2 ✓ Yes. Where is the property? | | |
| res. Where is the property? | | |
| 1.1 Debtor lives in a residence subject to a Street address, if available, or other description | What is the property? Check all that apply ✓ Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property: |
| month-to-month lease. | Condominium or cooperative | Current value of the Current value of the |
| NC | ☐ Manufactured or mobile home ☐ Land | entire property? portion you own? |
| City State ZIP Code | ☐ Investment property | \$ 0.00 \$ 0.00 Describe the nature of your ownership |
| Iredell County | ☐ Timeshare ☐ Other | interest (such as fee simple, tenancy by the entireties, or a life estate), if known. |
| County | Who has an interest in the property? Check | Fee simple |
| | one Debtor 1 only | ☐ Check if this is community property |
| | Debtor 2 only | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | |
| | Other information you wish to add about this | item, such as local |
| | property identification number: | · |
| 2. Add the dollar value of the portion you own for you have attached for Part 1. Write that number | all of your entries from Part 1, including any entrie here | |
| | | |
| Part 2: Describe Your Vehicles | | |
| Do you own, lease, or have legal or equitable interpour own that someone else drives. If you lease a very | | |
| 3. Cars, vans, trucks, tractors, sport utility vehic | cles, motorcycles | |
| ✓ Yes | | |
| | | |
| | | |
| | | |
| | | |

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Alexa Marie Genovas Document Page 9 of 51 Case number(if known)

| Debtor 1 | Alexa Mari | ie Genovas |
|----------|------------|------------|
| Deptor 1 | Circt Name | Middle Nom |

| 3.1 | Make:Tesla Model:Model S Year: | 2013 | Who has an interest in the property? Check one Debtor 1 only | Do not deduct secured clair amount of any secured clair Creditors Who Have Claims | ms on <i>Schedule D:</i> |
|-------------|---|--|---|---|---|
| | Approximate mileage: | 129,288+ | Debtor 2 only Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other information: Condition:Good; 4DF | 2WD EV | At least one of the debtors and another | \$ 11,477.00 | \$ 11,477.00 |
| | vehicle. KBB value li | | ☐ Check if this is community property (see instructions) | | |
| 3.2 | Make: <u>Aprilla</u> | <u> </u> | Who has an interest in the property? Check one | Do not deduct secured clair | |
| | Model:RS660 | 2021 | Debtor 1 only | amount of any secured clai Creditors Who Have Claims | |
| | Year: Approximate mileage: | <u>2021</u> 3128+ | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 only At least one of the debtors and another | entire property? | portion you own? |
| | Condition:Good; Mot value listed.; | torcycle. KBB | _ | \$ <u>7,740.00</u> | \$ 7,740.00 |
| | value listeu., | | Check if this is community property (see instructions) | | |
| 3.3 | Make: <u>Audi</u> | _ | Who has an interest in the property? Check one | Do not deduct secured clair | |
| | Model:A6 | 2012 | Debtor 1 only | amount of any secured clai Creditors Who Have Claims | |
| | Year: Approximate mileage: | <u>2013</u> 113152 | Debtor 2 only | Current value of the | Current value of the |
| | Other information: | 110102 | Debtor 1 and Debtor 2 only At least one of the debtors and another | entire property? | portion you own? |
| | Condition:Good; 4 cy car. KBB value listed | | _ | \$ <u>5,918.00</u> | \$ 5,918.00 |
| | car. RDD value listeu | , | Check if this is community property (see instructions) | | |
| A | ou have attached for Pa | he portion you own for a art 2. Write that number Personal and House | all of your entries from Part 2, including any entries here | for pages | \$25,135.00 |
| Do yo | u own or have any leg | gal or equitable interes | t in any of the following? | | Current value of the portion you own? |
| 6. F | lousehold goods and | furnishings | | | Do not deduct secured claims or exemptions. |
| | Examples: Major appliar | nces, furniture, linens, chi | na, kitchenware | | ciams of exemptions. |
| | No ✓ Yes. Describe | | | | |
| | Bedroom and Living r | oom furniture; Dishes/ | pots/pans/kitchen misc; Decor | | \$ <u>260.00</u> |
| | Electronics | | | | |
| | | | tereo, and digital equipment; computers, printers, scan g cell phones, cameras, media players, games | ners; music | |
| | No ✓ Yes. Describe | | | | |
| | – PS2, PS3, Wii, Game | Cube, Cell phone, Co | mputer, Games. | | \$ 600.00 |
| | Collectibles of value | | 1 | | |
| | | | s, or other artwork; books, pictures, or other art objects as; other collections, memorabilia, collectibles | ; ; | |
| | ✓ No | | | | |
| | _ | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| | _ | | | | |
| | _ | | | | |

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Alexa Marie Genovas
Iris Name Middle Name Last Name
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Debtor 1

Alexa Marie Genovas
First Name Middle Name

| 9. | Equipment for sports and hobbie | S | |
|------|---|---|---|
| | Examples: Sports, photographic, exand kayaks; carpentry to | ercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ols; musical instruments | |
| | No ✓ Yes. Describe | | |
| | | In advis ancident A country ancident | 1 # 242.00 |
| 10 | Bicycle, Nikon DSLR camera, E Firearms | lectric guitar, Acoustic guitar. | \$ <u>240.00</u> |
| | Examples: Pistols, rifles, shotguns, | ammunition, and related equipment | |
| | V No | | |
| | Yes. Describe | | |
| 11. | Clothes | | |
| | Examples: Everyday clothes, furs, le | eather coats, designer wear, shoes, accessories | |
| | ☐ No ✓ Yes. Describe | | |
| | All clothing | | \$ <u>2.642.00</u> |
| 12. | Jewelry | |] + =12.222 |
| | Examples: Everyday jewelry, costum gold, silver | ne jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems | |
| | ☐ No ✓ Yes. Describe | | |
| | Work (costume) jewelry, Samsu | ng watch | \$ <u>95.00</u> |
| 13. | Non-farm animals | | 1 + ===== |
| | Examples: Dogs, cats, birds, horses | | |
| | ✓ No | | |
| | Yes. Describe | | |
| 14. | Any other personal and househo | old items you did not already list, including any health aids you did not list | |
| | ✓ No✓ Yes. Give specific information | | |
| 15 | Add the dollar value of the portion | you own for all of your entries from Part 3, including any entries for pages | |
| | | that number here | > \$3,837.00 |
| | | | |
| Part | 4: Describe Your Financial | Assets | |
| Do y | ou own or have any legal or equit | able interest in any of the following? | Current value of the |
| | | | portion you own? Do not deduct secured |
| | | | claims or exemptions. |
| 16. | Cash | | |
| | | wallet, in your home, in a safe deposit box, and on hand when you file your petition | |
| | ✓ No | O-a-b | |
| | _ | Cash | \$ |
| 17. | Deposits of money | | |
| | | ner financial accounts; certificates of deposit; shares in credit unions, brokerage houses ons. If you have multiple accounts with the same institution, list each. | |
| | □ No | | |
| | ✓ Yes | Institution name: | \$ 0.00 |
| | 17.1. Checking account: | Navy Federal CU ckg -2045 | - |
| | 17.2. Checking account: | Navy Federal CU ckg -7765 | \$ 0.00 - |
| | 17.3. Checking account: | Penfed CU ckg -1027 | \$ <u>222.70</u> - |
| | 17.4. Checking account: | Navy Federal CU ckg -2271 | \$ <u>0.01</u> |
| | 17.5. Checking account: | Penfed CU ckg -5024 | \$ <u>35.37</u> |
| | 17.6. Other financial account: | Cash App | \$ <u>0.00</u> |

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Alexa Marie Genovas
Iris Name Middle Name Last Name
Document Page 11 of 51 Case number (if known)

Debtor 1

Alexa Marie Genovas
First Name Middle Name

| | 17.7. Other financial account: | Cryptocurrency account: XRP | \$ <u>480.12</u> |
|------|---|---|---|
| | 17.8. Savings account: | Navy Federal CU svgs5688 | \$ <u>0.00</u> |
| | 17.9. Savings account: | Penfed CU svg -5010 | \$ <u>0.86</u> |
| | 17.10. Savings account: | Navy Federal CU svgs2880 | \$ 0.06 |
| | 17.11. Savings account: | Penfed CU svg -4016 | \$ 1.00 |
| 18. | Bonds, mutual funds, or publicly | traded stocks | |
| | Examples: Bond funds, investment ad | counts with brokerage firms, money market accounts | |
| | No | | |
| 19 | Yes | erests in incorporated and unincorporated businesses, including an interest in | |
| 10. | an LLC, partnership, and joint ver | | |
| | ⊘ No | | |
| 20 | Yes. Give specific information abo | | |
| 20. | • | s and other negotiable and non-negotiable instruments nal checks, cashiers' checks, promissory notes, and money orders. | |
| | | you cannot transfer to someone by signing or delivering them. | |
| | ☑ No | | |
| 21 | Yes. Give specific information abo | ut them | |
| 21. | Retirement or pension accounts | eogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | | eogn, 401(k), 403(b), tillit savings accounts, or other pension or profit-sharing plans | |
| | ✓ No✓ Yes. List each account separately | | |
| 22. | Security deposits and prepaymen | nts | |
| | | ou have made so that you may continue service or use from a company s, prepaid rent, public utilities (electric, gas, water), telecommunications | |
| | companies, or others | s, prepaid rent, public dilliles (electric, gas, water), telecommunications | |
| | ☑ No | | |
| 22 | Yes | | |
| 23. | Annuities (A contract for a periodic ✓ No | payment of money to you, either for life or for a number of years) | |
| | Yes | | |
| 24. | | an account in a qualified ABLE program, or under a qualified state tuition | |
| | program. 26 U.S.C. §§ 530(b)(1), 529A(b), an | d 529(b)(1). | |
| | ☑ No | | |
| 25 | Yes | | |
| 25. | Trusts, equitable or future interes exercisable for your benefit | ts in property (other than anything listed in line 1), and rights or powers | |
| | ✓ No | | |
| 00 | Yes. Give specific information | | |
| 26. | | trade secrets, and other intellectual property | |
| | _ | ebsites, proceeds from royalties and licensing agreements | |
| | ✓ No✓ Yes. Give specific information abo | ut them | |
| 27. | Licenses, franchises, and other g | | |
| | Examples: Building permits, exclusive | e licenses, cooperative association holdings, liquor licenses, professional licenses | |
| | ✓ No | | |
| | Yes. Give specific information abo | ut them | |
| Mone | ey or property owed to you? | | Current value of the |
| | | | portion you own? Do not deduct secured |
| 20 | Toy refunds awad to | | claims or exemptions. |
| | Tax refunds owed to you | | |
| | ✓ No✓ Yes. Give specific information abo | ut them, including whether you already filed the returns and the tax years | |

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Alexa Marie Genovas Debtor 1

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Case number(if known)

Federal: \$ 0.00 State: \$ 0.00 Local: \$ 0.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No No Yes. Give specific information.... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ✓ No Yes. Give specific information.... 31. Interests in insurance policies Yes. Name the insurance company of each policy and list its value.... Surrender or Company name: Beneficiary: refund value: Term life insurance policy provided by employer providing 1x Dtr's salary unknown \$ 0.00 as a benefit. No current value. Debtor is unsure of the beneficiary as this is a policy provided through work and she does not recall making a beneficiary designation. 32. Any interest in property that is due you from someone who has died No. Yes. Give specific information.... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment ✓ No Yes. Give specific information.... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims **✓** No Yes. Give specific information.... 35. Any financial assets you did not already list ✓ No Yes. Give specific information... 36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages \$740.12 you have attached for Part 4. Write that number here.... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ✓ No. Go to Part 6. Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **✓** No Yes. Give specific information...

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Alexa Marie Genovas Debtor 1

Document

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54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2-----\$0.00 56. Part 2: Total vehicles, line 5 \$ 25,135.00 \$ 3,837.00 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 \$ 740.12 \$ 0.00 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 \$ 0.00 \$ 0.00 61. Part 7: Total other property not listed, line 54 \$ 29,712.12 62. Total personal property. Add lines 56 through 61 Copy personal property total> 29,712.12 \$ 29,712.12 63. Total of all property on Schedule A/B. Add line 55 + line 62

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| Fill in this information to identify your case: | | | | | |
|---|--------------------------------|--|--|--|--|
| Alexa Marie Geno | vas | | | | |
| First Name | Middle Name | Last Name | | | |
| | | | | | |
| First Name | Middle Name | Last Name | | | |
| Bankruptcy Court for | the: Western District of North | th Carolina | | | |
| | | | | | |
| | Alexa Marie Geno | Alexa Marie Genovas First Name Middle Name | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt | | | | | | | | | |
|--|--------------------------------------|--|--------------------------------------|--|--|--|--|--|--|
| Which set of exemptions are you claiming? You are claiming state and federal nonbank You are claiming federal exemptions. 11 U | cruptcy exemptions. 11 U.S.C | | | | | | | | |
| 2. For any property you list on Schedule A/B th | nat you claim as exempt, fill | in the information below. | | | | | | | |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption | | | | | | |
| | Copy the value from Schedule A/B | Check only one box for each exemption | | | | | | | |
| 2021 Aprilla RS660 Brief description: Line from Schedule A/B: 3.2 | \$ <u>7,740.00</u> | \$\frac{345.00}{100\% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(3) | | | | | | |
| Household Goods - Bedroom and Living roc Brief furniture; Dishes/pots/pans/kitchen misc; De description: Line from Schedule A/B: 6 | | 260.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(4),(d) | | | | | | |
| Brief Electronics - PS2, PS3, Wii, Game Cube, Computer, Games. Line from Schedule A/B: 7 | \$_600.00 | 600.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(4),(d) | | | | | | |
| 3. Are you claiming a homestead exemption o (Subject to adjustment on 4/01/25 and every 3 ☑ No ☐ Yes. Did you acquire the property covered ☐ No ☐ Yes | years after that for cases filed | , | | | | | | | |

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Debtor

Additional Page Part 2:

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|--|--------------------------------------|
| | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Sports & Hobby Equipment - Bicycle, Nikon DSLR Brief camera, Electric guitar, Acoustic guitar. description: Line from | \$240.00 | \$\frac{240.00}{100\% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(4),(d) |
| Schedule A/B: 9 Brief Clothing - All clothing description: Line from | \$ <u>2,642.00</u> | \$ 2,642.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(4),(d) |
| Schedule A/B: 11 Jewelry - Work (costume) jewelry, Samsung watch. Brief description: Line from Schedule A/B: 12 | \$95.00 | \$ 95.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(4),(d) |
| Penfed CU ckg -1027 (Checking Account) description: Line from | \$222.70 | \$\frac{222.70}{100\% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Schedule A/B: 17.3 Navy Federal CU ckg -2271 (Checking Account) Brief description: Line from | \$ <u>0.01</u> | \$\frac{0.01}{100\% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Schedule A/B: 17.4 Brief Penfed CU ckg -5024 (Checking Account) description: Line from | \$ <u>35.37</u> | \$\frac{35.37}{100\% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Schedule A/B: 17.5 Cryptocurrency account: XRP (Other (Credit Union, Brief Health Savings Account, etc.)) description: Line from | \$ 480.12 | \$ 480.12 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Schedule A/B: 17.7 Penfed CU svg -5010 (Savings Account) Brief description: | \$ 0.86 | \$ 0.86 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Line from Schedule A/B: 17.9 Navy Federal CU svgs2880 (Savings Account) Brief description: Line from | \$ 0.06 | \$ 0.06 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Schedule A/B: 17.10 Penfed CU svg -4016 (Savings Account) Brief description: Line from Schedule A/B: 17.11 | \$ <u>1.00</u> | \$ 1.00 100% of fair market value, up to any applicable statutory limit | N.C. Gen. Stat. § 1C-1601 (a)(2) |
| Brief description: Line from Schedule A/B: | \$ | \$100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |

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| Fill in this information to identify your case: | | | | |
|---|--------------------|---------------------|--------------------|-------------|
| Debtor 1 | Alexa Marie | Genovas | | |
| 20010. 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if f | filing) First Name | Middle Name | Last Name | |
| United State | es Bankruptcy | Court for the: West | ern District of No | th Carolina |
| Case number | er | | | |
| (if know) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

☐ Check if this is an amended filina

Column C

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write

your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Column A

Column B

| Part 1: | List All Secured Claims |
|---------|-------------------------|
| | |

2. List all secured claims. If a creditor has more than one secured claim, list the creditor

Yes. Fill in all of the information below.

Amount of Value of Unsecured separately for each claim. If more than one creditor has a particular claim, list the other creditors in claim Do not collateral that portion If any Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. deduct the value supports this of collateral claim 2.1 \$ 7,740.00 \$ 0.00 Describe the property that secures the claim: $\frac{7,394.60}{}$ 2021 Aprilla RS660 - \$7,740.00 Freedom Road Financial Creditor's Name P.O. Box 4597 Number Street As of the date you file, the claim is: Check all 60522-4597 Oak Brook IL that apply. Contingent State ZIP Code Who owes the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Nature of lien. Check all that apply. Debtor 1 and Debtor 2 only ✓ An agreement you made (such as mortgage or At least one of the debtors and another secured car loan) Statutory lien (such as tax lien, mechanic's lien) Check if this claim relates to a ☐ Judgment lien from a lawsuit community debt Other (including a right to offset) Date debt was incurred 11/26/2021 Last 4 digits of account number 8311

| <u>'</u> | Describe the property that secures the claim: \$ 13,828.75 | \$ <u>5,918.00</u> | \$ <u>7,910.75</u> |
|--|--|---|--------------------|
| Navy Federal Credit Union | 2013 Audi A6 - \$5,918.00 | 7 | |
| Creditor's Name | - | | |
| PO Box 3100 | | | |
| Number Street | As of the date you file, the claim is: Check all | <u> </u> | |
| Merryville VA 22119 | _ that apply. | | |
| City State ZIP Code | ☐ Contingent | | |
| Who owes the debt? Check one. | ☐ Unliquidated | | |
| ✓ Debtor 1 only | ☐ Disputed | | |
| Debtor 2 only | Nature of lien. Check all that apply. | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | An agreement you made (such as mortgage or secured car loan) An agreement you made (such as mortgage or secured car loan) | | |
| Charle if this plains valeton to a | Statutory lien (such as tax lien, mechanic's lien) | | |
| Check if this claim relates to a community debt | Judgment lien from a lawsuit | | |
| • | Other (including a right to offset) | | |
| Date debt was incurred 04/13/2022 | Last 4 digits of account number 4934 | | |
| | Describe the property that secures the claim: \$ 18,515.23 | \$ 11,477.00 | \$ 7,038.23 |
| 1 | | - · - , - · · · · · · · · · · · · · · · · · | . <u></u> |
| Navy Federal Credit Union Creditor's Name | 2013 Tesla Model S - \$11,477.00 - | | |
| PO Box 3100 | _ | | |
| Number Street Merryville VA 22119 | As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Code | Contingent | | |
| Who owes the debt? Check one. | ☐ Unliquidated | | |
| Debtor 1 only | ☐ Disputed | | |
| Debtor 2 only | Nature of lien. Check all that apply. | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | An agreement you made (such as mortgage or secured car loan) ——————————————————————————————————— | | |
| | Statutory lien (such as tax lien, mechanic's lien) | | |
| Check if this claim relates to a community debt | Judgment lien from a lawsuit | | |
| • | Other (including a right to offset) | | |
| Date debt was incurred 06/17/2020 | Last 4 digits of account number 4617 | | |
| ı | Describe the property that secures the claim: \$ 18,802.45 | \$ 1.00 | \$ <u>18,801.4</u> |
| No. 5 to 10 of the con- | Tesla, Audi A6, Accounts - \$1.00 | 1 | |
| Navy Federal Credit Union Creditor's Name | - | | |
| | | | |
| PO Box 3500 Number _ | | | |
| Merryville VA 22119 | As of the date you file, the claim is: Check all that apply. | | |
| | Contingent | | |
| City State ZIP Code Who owes the debt? Check one. | Unliquidated | | |
| Debtor 1 only | Disputed | | |
| Debtor 2 only | | | |
| Debtor 1 and Debtor 2 only | Nature of lien. Check all that apply. | | |
| At least one of the debtors and another | ☐ An agreement you made (such as mortgage or | | |
| — At least one of the deptots and another | secured car loan) | | |
| Check if this claim relates to a | Statutory lien (such as tax lien, mechanic's lien) | | |
| community debt | Judgment lien from a lawsuit | | |
| Date debt was incurred 05/13/2023 | Other (including a right to offset) Cross-collateralizationVehicles and accounts | | |
| | Last 4 digits of account number 5329 | | |

| Describe the property that secures the claim: \$ 1,016. | 80 \$ 0.00 | \$ <u>1,016.80</u> |
|--|--|--|
| Tesla, Audi A6, Accounts - \$0.00 | | |
| - | | |
| | | |
| As of the date you file the claim is: Check all | | |
| · · · · · · · · · · · · · · · · · · · | | |
| Contingent | | |
| Unliquidated | | |
| Disputed | | |
| | | |
| | | |
| An agreement you made (such as mortgage or secured car loan) | | |
| Statutory lien (such as tax lien, mechanic's lien) | | |
| ☐ Judgment lien from a lawsuit | | |
| Other (including a right to offset) | | |
| Cross-collateralizationVehicles and accounts | | |
| Last 4 digits of account number 2045 | | |
| Describe the property that secures the claim: \$ 3,080. | 37 | \$ 3,079.37 |
| Tesla, Audi A6, accounts \$1.00 | | |
| - | | |
| | | |
| As of the date you file, the claim is: Check all | | |
| that apply. | | |
| Contingent | | |
| Unliquidated | | |
| Disputed | | |
| | | |
| | | |
| An agreement you made (such as mortgage or secured car loan) | | |
| Statutory lien (such as tax lien, mechanic's lien) | | |
| ☐ Judgment lien from a lawsuit | | |
| Other (including a right to offset) Cross-collateralizationVehicles and | | |
| accounts | | |
| | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Cross-collateralizationVehicles and accounts Last 4 digits of account number 2045 Describe the property that secures the claim: \$ 3,080. Tesla, Audi A6, accounts \$1.00 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) | Tesla, Audi A6, Accounts - \$0.00 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Cross-collateralizationVehicles and accounts Last 4 digits of account number 2045 Describe the property that secures the claim: \$ 3,080.37 \$ 1.00 Tesla, Audi A6, accounts \$1.00 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| Fill in this in | nformation to i | dentify your case |): | |
|----------------------------|-------------------|-------------------|----------------------|-------------|
| Debtor 1 | Alexa Marie G | enovas | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if fi | iling) First Name | Middle Name | Last Name | |
| United State | s Bankruptcy C | ourt for the: Wes | tern District of Nor | th Carolina |
| Case numbe (if know) | er | | | |
| | | | | |

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

| ns | | | |
|--|---|--|---|
| gainst you? | | | |
| has both priority and nonpriority amounts, list that claim abetical order according to the creditor's name. If you h | n here and show ave more than | v both priority a two priority uns | and nonpriority secured |
| | Total claim | Priority amount | Nonpriority amount |
| Last 4 digits of account number XXXX When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | \$ 501.10 | \$ <u>501.10</u> | \$ 0.00 |
| ŀ | tor has more than one priority unsecured claim, list the has both priority and nonpriority amounts, list that claim abetical order according to the creditor's name. If you he than one creditor holds a particular claim, list the other the instruction booklet.) Last 4 digits of account number XXXX When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | tor has more than one priority unsecured claim, list the creditor separa has both priority and nonpriority amounts, list that claim here and show abetical order according to the creditor's name. If you have more than a than one creditor holds a particular claim, list the other creditors in Particular claim, list the other creditors in Particular digits of account number XXXX When was the debt incurred? 2023 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated | tor has more than one priority unsecured claim, list the creditor separately for each chas both priority and nonpriority amounts, list that claim here and show both priority abetical order according to the creditor's name. If you have more than two priority unser than one creditor holds a particular claim, list the other creditors in Part 3. (For an expectation of the instruction booklet.) Total claim |

Debtor

Alexa Marie Genora 258 Last Name Document Page 20 of 51

Last 4 digits of account number XXXX When was the debt incurred? 2020

As of the date you file, the claim is: Check all that apply.

| 2.2 | NC Dept of Devenue | Last 4 digits of account number XXXX | \$ 534.02 | \$ 534.02 | \$ 0.00 | | | |
|--------------|--|--|-------------------|--------------------|--------------------|--|--|--|
| _ | NC Dept of Revenue Priority Creditor's Name | When was the debt incurred? 2020 | | _ | | | | |
| | PO Box 1168 | As of the date you file, the claim is: Check all | | | | | | |
| | Number Street | that apply. | | | | | | |
| | Raleigh NC 27602 | Contingent | | | | | | |
| | City State ZIP Code | Unliquidated | | | | | | |
| | Who owes the debt? Check one. | Disputed | | | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claims | | | | | | |
| | Debtor 2 only | Type of PRIORITY unsecured claim: Domestic support obligations | | | | | | |
| | Debtor 1 and Debtor 2 only | ✓ Taxes and certain other debts you owe the | | | | | | |
| | At least one of the debtors and another | government | | | | | | |
| | Check if this claim relates to a community debt | Claims for death or personal injury while you were intoxicated | | | | | | |
| | Is the claim subject to offset? | Other. Specify | | | | | | |
| | ✓ No | | | | | | | |
| | Yes | | | | | | | |
| Part | 2: List All of Your NONPRIORITY Unsecured | I Claims | | | | | | |
| | any creditors have nonpriority unsecured claim | - | | | | | | |
| | No. You have nothing else to report in this part | . Submit to the court with your other schedules. | | | | | | |
| \checkmark | Yes. Fill in all of the information below. | | | | | | | |
| no | onpriority unsecured claim, list the creditor separate | ne alphabetical order of the creditor who holds each ely for each claim. For each claim listed, identify what ty particular claim, list the other creditors in Part 3.If you h | ype of claim it i | s. Do not list cla | ims already | | | |
| | aims fill out the Continuation Page of Part 2. | , | | , , | Total claim | | | |
| | | A control distriction of the | | | | | | |
| 4.1 | Anthem BCBS Nonpriority Creditor's Name | Last 4 digits of account number When was the debt incurred? | | | \$ <u>1,635.40</u> | | | |
| | P.O. Box 105187 | As of the date you file the claim is: Check all that | annly | | | | | |
| | Number | As of the date you file, the claim is: Check all that Contingent | αμμιγ. | | | | | |
| | Atlanta GA 30348-5187 | Unliquidated | | | | | | |
| | - | Disputed | | | | | | |
| | City State ZIP Code Who owes the debt? Check one. | Stopatou | | | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Debtor 2 only | Student loans | | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement o that you did not report as priority claims | r divorce | | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other | similar | | | | | |
| | Check if this claim relates to a community | debts | | | | | | |
| | debt Is the claim subject to offset? | Other. Specify Insurance | | | | | | |
| | No | | | | | | | |
| | Yes | | | | | | | |
| 4.2 | | Last 4 digits of account number 6946 | | | ¢ 2E 40 | | | |
| -⊤.∠ | Iredell Physicians Network Nonpriority Creditor's Name | When was the debt incurred? | | | \$ <u>25.48</u> | | | |
| | P.O. Box 896199 | As of the date you file, the claim is: Check all that | annly | | | | | |
| | Number | Contingent | αρριγ. | | | | | |
| | Charlotte NC 28289-6199 | Unliquidated | | | | | | |
| | City State ZIP Code | Disputed | | | | | | |
| | Who owes the debt? Check one. | | | | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | | | |
| | Debtor 2 only | Student loans | r divorce | | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement o that you did not report as priority claims | uivorce | | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other | similar | | | | | |
| | Check if this claim relates to a community debt | ty debts Other. Specify Medical Services | | | | | | |
| | Is the claim subject to offset? | Outer. Specify inicultal Services | | | | | | |
| | ✓ No | | | | | | | |
| | Yes | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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|-----|--|---|------------------|
| 4.3 | LabCorp Nonpriority Creditor's Name | Last 4 digits of account number XXXX When was the debt incurred? | \$ <u>115.68</u> |
| | P.O. Box 2240 Number Street Burlington NC 27216 | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ At least one of the debtors and another ☐ Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt Is the claim subject to offset? | Other. Specify Medical services multiple accounts | |
| | ✓ No Yes | | |
| 4.4 | | Last 4 digits of account number 8979 | ¢ 27 12 |
| 4.4 | Lake Norman Emergency Med. Nonpriority Creditor's Name | When was the debt incurred? | \$ <u>37.13</u> |
| | P.O. Box 1200153 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Grand Rapids MI 49528 | Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | ☐ Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Medical Services | |
| | Is the claim subject to offset? | Other. Specify Medical Services | |
| | ✓ No | | |
| | Yes | | |
| 4.5 | Lake Norman Regional | Last 4 digits of account number 7116 | \$ 103.71 |
| | Nonpriority Creditor's Name | When was the debt incurred? | * ===== |
| | P.O. Box 281418 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Atlanta GA 30384-1418 | Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans Obligations existing out of a congretion agreement or diverse | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify Medical Services | |
| | Is the claim subject to offset? | <u> </u> | |
| | ☑ No | | |
| | Yes | | |
| | | | |

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|-----|---|---|---------------------|
| 4.6 | Mecklenburg Radiology Nonpriority Creditor's Name | Last 4 digits of account number 5701 When was the debt incurred? | \$ <u>42.75</u> |
| | P.O. Box 740016 Number Street Atlanta GA 30374-0016 | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or divorce | |
| | Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| | ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Medical Services | |
| | Yes | | |
| 4.7 | NC Dept of Revenue | Last 4 digits of account number XXXX | \$ 972.52 |
| | Nonpriority Creditor's Name | When was the debt incurred? 2018 | |
| | PO Box 1168 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | ☐ Contingent | |
| | Raleigh NC 27602 | Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans Obligations arising out of a separation agreement or divorce | |
| | Debtor 1 and Debtor 2 only | that you did not report as priority claims | |
| | ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | ✓ Other. Specify Old taxes | |
| | ✓ No | | |
| | Yes | | |
| 4.8 | NO Don't of Dougraps | Last 4 digits of account number XXXX | \$ 1,320.30 |
| 1.0 | NC Dept of Revenue Nonpriority Creditor's Name | When was the debt incurred? 2019 | \$\frac{1,320.30}{} |
| | PO Box 1168 | As of the date you file, the claim is: Check all that apply. | |
| | Number Street | Contingent | |
| | Raleigh NC 27602 | Unliquidated | |
| | City State ZIP Code Who owes the debt? Check one. | ☐ Disputed | |
| | ✓ Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another Check if this claim relates to a community | Debts to pension or profit-sharing plans, and other similar debts | |
| | debt | ✓ Other. Specify Old taxes | |
| | Is the claim subject to offset? | | |
| | ✓ No ☐ Yes | | |
| | | | |
| | | | |

| Last 4 digits of account number 0219 Section Sectio | ebtor Ale | CASTE 23050258 Last Name of 1 Filed (Docu | 09/30/23 Iment | Entered Page 23 (| | /30/23 16 :51!!56 er(# Dew<u>t Main</u> 1 | | | | |
|--|-------------|---|-------------------|----------------------|-------------|--|--|--|--|--|
| When was the debt incurred? \(\) \(\frac{\text{various}}{\text{constraint}} \) \(\frac{\text{constraint}}{\text{constraint}} \) \(\text{ | .9 NG O | Last 4 | | | | | | | | |
| Atlanta GA 30348 | IVC Quic | | | | | | | | | |
| P.O. Box 3000200 Unlegatesized Despated Despated | Process | ing Center As of | the date you | u file, the claim | is: C | heck all that apply. | | | | |
| Allanta GA 30348 Disputed Cry State 2IP Code Who owes the debt? Check one. Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 one 4 Debtor 2 only Debtor 4 one 5 Debtor 2 only Debtor 4 Debtor 2 only Debtor 5 D | | | • | | | | | | | |
| Additional GA 30348 City State ZP Code Who owes the debt'r Check one. Debtor 1 and Debtor 2 only Debtor 2 | P.O. BO | | • | | | | | | | |
| Who causes the debt? Check one. Debtor 1 only | Atlanta (| | ☐ Disputed | | | | | | | |
| Debtor 1 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 3 and Debtor 4 and Debtor 4 and Debtor 4 and Debtor 4 and Debtor 5 pension or profit-sharing plans, and other similar debt between the state of th | City | State ZIP Code | | RITY unsecure | d cla | im: | | | | |
| Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only | | | | | | | | | | |
| Debtor 1 and Debtor 2 and y Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person or pront-shanning plans, and other similar debtor Debtor 5 person De | = | tha | | | | | | | | |
| At least one of the debtors and another Other. Specify Tolls/fees | = | De | | n or profit-sharing | g plan | s, and other similar | | | | |
| Check if this claim relates to a community debt is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a Debt That You Already Listed S. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you were to smoone else, list the original creditor in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you were to smoone else, list the original creditor in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you were to smoone else, list the original creditor in Parts 1 or 2. Its the additional creditors here. I you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Prince Parker & Associat Creditors Name P.O. Box 474590 Number Street Charlotte No. 28202 City State ZiP Code Last 4 digits of account number Trinity Hope LLC On which entry in Part 1 or Part 2 did you list the original creditor? Creditors Name P.O. Box 607 Number Street Hudson No. 28638 Claims Claims Claims Claims Claims Total the amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the Amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims Total claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. \$ 0.00 intoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. \$ 0.00 intoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. \$ 0.00 intoxicated 6d. Other. Add dines 8 through 6d. | = | _ "" | | Γolls/fees | | | | | | |
| Is the claim subject to offset? Note this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a def by our bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a def by our bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a def by you were to see the original creditor in Parts 1 or 2. For example, if a collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. I you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Prince Parker & Associat Creditors Name P.O. Box 474690 Number Sweet Charlotte NC 28202 City State ZIP Code Last 4 digits of account number Trinity Hope LLC Creditors Name P.O. Box 607 Number Sweet Hudson NC 28638 City State ZIP Code Last 4 digits of account number Claims Claims Claims Claims Claims Total the amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the Amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims Total claims 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. § 0.00 entoxicated 6d. Other. Add all other priority unsecured claims. Write that 6d. § 0.00 entoxicated 6c. Total. Add lines 6a through 6d. | Chec | ck if this claim relates to a community | 1 7 | | | | | | | |
| No | | | | | | | | | | |
| Or which entry in Part 1 or Part 2 did you list the original creditor? | _ | ann subject to onset? | | | | | | | | |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency its trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collecting agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collecting you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Prince Parker & Associat | _ | | | | | | | | | |
| So Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency its trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, then list the collection of the parts of the parts 1 or 2, then the state of the parts 1 or 2, then the debt that you listed in Parts 1 or 2, then list the additional creditors here. I you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Prince Parker & Associat Prince Parker & Associat On which entry in Part 1 or Part 2 did you list the original creditor? Creditor's Name P.O. Box 474690 Last 4 digits of account number Trinity Hope LLC Creditor's Name P.O. Box 607 Number Street Hudson NC 28638 Clay State ZIP Code Last 4 digits of account number Claims Claims Claims Claims Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims Total claims Total claims Total claims For Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. | Part 3: Lie | t Others to Be Notified About a Debt That You | Already Lie | ted | | | | | | |
| collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collectia agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, the list the additional creditors here. I you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Prince Parker & Associat Creditor's Name P.O. Box 474690 Number Street Chardrotte NC 28202 City State ZIP Code Last 4 digits of account number Trinity Hope LLC Creditor's Name P.O. Box 607 Number Street Hudson NC 28638 City State ZIP Code Last 4 digits of account number Claims City State ZIP Code Last 4 digits of account number Claims Claims Claims Total claims from Part 1 6a. Domestic support obligations from Part 1 6b. Taxes and certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims for death or personal injury while you were intoxicated 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Croal. Add lines 6a through 6d. | Lis Lis | tothers to be Nothieu About a Debt That Tou | All cauy Lis | | | | | | | |
| Creditor's Name P.O. Box 474690 Number Charlotte NC Z8202 City State ZIP Code Last 4 digits of account number Creditor's Name P.O. Box 607 Number P.O. Box 607 Number Street Hudson NC Z8638 City State ZIP Code Last 4 digits of account number Claims City State ZIP Code Last 4 digits of account number Claims Claims City State ZIP Code Last 4 digits of account number Claims Last 4 digits of account number Claims Claims Claims Cabada the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. Last 4 digits of account number Claims Claims From Part 1 Con (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2 did you list the original creditor? Creditors with Nonpriority Unsecured Claims Part 2 did you list the original creditor? Creditors with Nonpriority Unsecured Claims Part 2 did you list the original creditor? Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Nonpriority Unsecured Claims Claims Claims Claims Catala did you list the original creditor? Creditors with Nonpriority Unsecured Claims Claims Claims Claims Catala did you list the original creditor? Creditors with Nonpriority Unsecured Claims For Part 1: Creditors with Nonpriority Unsecured Claims Total claims For Dart 2: Creditors with Priority Unsecured Claims Total claims For Dart 3: Creditors with Priority Unsecured Claims For Dart 4: Creditors with Nonpriority Unsecured Claims For Dart 4: Creditors with Priority Unsecu | · | | | · | | . • | | | | |
| Part 2: Creditors with Nonpriority Unsecured | | | On whic | ch entry in Part | 1 or | Part 2 did you list the original creditor? | | | | |
| Charlotte NC Charlotte NC Charlotte NC Creditor's Name P.O. Box 607 Number Hudson NC Street Hudson NC Street Hudson NC Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims From Part 1 6a. Domestic support obligations from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. | P.O. Box | 474690 | Line <u>4.</u> | 2 of (Check or | ne): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| Trinity Hope LLC Creditor's Name P.O. Box 607 Number Street Hudson NC 28638 City State ZIP Code Add the Amounts for Each Type of Unsecured Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. Con which entry in Part 1 or Part 2 did you list the original creditor? Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Claims Claims | Number | | | | | ✓Part 2: Creditors with Nonpriority Unsecured | | | | |
| Trinity Hope LLC Creditor's Name P.O. Box 607 Number Street Hudson NC 28638 City State ZIP Code Last 4 digits of account number Claims Last 4 digits of account number Claims Last 4 digits of account number Claims Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. 6e. | Charlotte | NC 28202 | | | | | | | | |
| P.O. Box 607 Number Street Hudson NC 28638 City State ZIP Code Claims Claims Last 4 digits of account number Claims Last 4 digits of account number Claims Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claims Fotal claims F | City | State ZIP Code | Last 4 d | ligits of accoun | t nur | mber | | | | |
| P.O. Box 607 Number Street Hudson NC 28638 City State ZiP Code Last 4 digits of account number | | | On whic | ch entry in Part | 1 or | Part 2 did you list the original creditor? | | | | |
| Number Street Hudson NC 28638 City State ZIP Code Last 4 digits of account number Part 4: Add the Amounts for Each Type of Unsecured Claims 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. | | | Line 4. | 4 of (Check or | ne): | Part 1: Creditors with Priority Unsecured Claims | | | | |
| Hudson NC 28638 Claims City State ZIP Code Last 4 digits of account number Add the Amounts for Each Type of Unsecured Claim 5. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. | Number | Street | | | | ✓ Part 2: Creditors with Nonpriority Unsecured | | | | |
| Part 4: Add the Amounts for Each Type of Unsecured Claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claims. Total claim Total claims 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. | | | Claims | | | | | | | |
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. Total. Add lines 6a through 6d. | City S | tate ZIP Code | Last 4 d | ligits of accoun | t nur | mber | | | | |
| Add the amounts for each type of unsecured claim. Total claims from Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. | Part 4: Ad | d the Amounts for Each Type of Unsecured Cl | aim | | | | | | | |
| From Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6a. \$ 0.00 6b. \$ 1,035.12 6c. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 | | | his informa | tion is for statis | stical | reporting purposes only. 28 U.S.C. § 159. | | | | |
| From Part 1 6a. Domestic support obligations 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6a. \$ 0.00 6b. \$ 1,035.12 6c. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 | | | | | | | | | | |
| from Part 1 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6b. \$ 1,035.12 6c. \$ 0.00 6d. \$ 0.00 6d. \$ 0.00 | | | | | | Total claim | | | | |
| 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6b. \$ 1,035.12 | | 6a. Domestic support obligations | | 6a. | \$ <u>0</u> | 0.00 | | | | |
| 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6c. \$ 0.00 | Irom Part 1 | 6b. Taxes and certain other debts you owe | the | 6b. | \$ <u>1</u> | ,035.12 | | | | |
| intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e. | | government | | | | | | | | |
| amount here. 6e. Total. Add lines 6a through 6d. 6e. | | | e you were | 6c. | \$ <u>0</u> | 0.00 | | | | |
| | | | ims. Write the | at 6d. | \$ <u>0</u> | 0.00 | | | | |
| | | | | 60 | | | | | | |
| | | 55. Total Add into od unough od. | | ue. | \$ | 1,035.12 | | | | |
| | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Aleca Marie 2010:30258 Last Name 1 Filed 09/30/23 Entered 09/30/23 16:51:56er(if Desc Main Document Page 24 of 51

| | | | | Total claim |
|-----------------------------|--|-----|------|-------------------|
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ (| 0.00 |
| nom ruit 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ (| 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ (| 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 4 | 4,796.16 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$ | 6 <u>4,796.16</u> |

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| Fill in this | information to | identify your case | e: |
|------------------------|--------------------|---------------------------------|-----------|
| Debtor 1 | Alexa Marie | Genovas | |
| | First Name | Middle Name | Last Name |
| | filing) First Name | Middle Name Court for the: Wes | Last Nai |
| Case numb (if know) | oer | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|--|--|
| 2.1 | | Debtor lives in a residence subject to a month-to-month lease. |
| | Name | |
| | Street | |
| | City State ZIP Code | |

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| Fill in this | information to | identify your case | e: |
|-----------------------|----------------------|---------------------------------|-----------|
| Debtor 1 | Alexa Marie | Genovas | |
| | First Name | Middle Name | Last Name |
| | f filing) First Name | Middle Name Court for the: Wes | Last Nam |
| Case num (if know) | ber | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| L. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| ☑ No | ✓ No | | | | | | | |
| Yes | | | | | | | | |
| 2. Within the last 8 years, have you lived in a community property state of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, To | | | | | | | | |
| No. Go to line 3. | | | | | | | | |
| Yes. Did your spouse, former spouse, or legal equivalent live with you at | the time? | | | | | | | |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as shown in line 2 again as a codebtor only if that person is a guarantor Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), Schedule E/F, or Schedule G to fill out Column 2. | or cosigner. Make sure you have listed the creditor on | | | | | | | |
| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | | | | | | |

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| Fill in this information to identify | your case: | | | | |
|--|---|---|--|---|-----------------------------------|
| Alexa Marie Ger | novas | | | | |
| First Name | Middle Name I | Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name I | _ast Name | | | |
| United States Bankruptcy Court for the: | Western District of North Ca | arolina | | | |
| Case number | | , | Check if this | s is: | |
| (II KIIOWII) | | | | nded filing | |
| | | | | ement showing postpeti as of the following date | • |
| Official Form 106I | | | MM / DD | / YYYY | |
| Schedule I: You | ır Income | | | | 12/15 |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the | ou are married and not filingse is not filing with you, do top of any additional page | g jointly, and your spouse o not include information a | is living with you about your spous | u, include information al e. If more space is need | oout your spouse. ed, attach a |
| Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing | spouse |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | Employed Not employed | | Employed Not employed | |
| Include part-time, seasonal, or self-employed work. | | Business Relationsh | nin Sunnort E | _ | |
| Occupation may include student or homemaker, if it applies. | Occupation | Wells Fargo Bank | | | |
| or nomembers, in applicati | Employer's name | | | | |
| | Employer's address | 8505 IBM Drive | | | |
| | | Number Street | | Number Street | |
| | | | | | |
| | | Charlotte, NC 28262 | 2 | | |
| | | , | IP Code | City Sta | te ZIP Code |
| | How long employed there | e? 4 years | | | |
| Part 2: Give Details About | Monthly Income | | | | |
| Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse ha | ave more than one employer. | combine the information for | • | · | your non-filing |
| below. If you need more space, a | ttach a separate sheet to this | | Tau Dahtau 4 | For Dobton 2 on | |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| List monthly gross wages, sale deductions). If not paid monthly, | | | 4,179.24 | \$ | |
| 3. Estimate and list monthly over | time pay. | 3. + \$_ | 0.00 | + \$ | |
| 4. Calculate gross income. Add li | ne 2 + line 3. | 4. \$_ | 4,179.24 | \$ | |

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| | | Fo | r Debtor 1 | For Debto | | |
|---|-------------|----------|-----------------|------------------|--------------|----------------------------|
| Copy line 4 here | → 4. | \$_ | 4,179.24 | \$ | | |
| 5. List all payroll deductions: | | | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$_ | 851.95 | \$ | | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$_ | 0.00 | \$ | | |
| 5d. Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | | |
| 5e. Insurance | 5e. | \$_ | 377.29 | \$ | | |
| 5f. Domestic support obligations | 5f. | \$_ | 0.00 | \$ | | |
| 5g. Union dues | 5g. | \$_ | 0.00 | . \$ | | |
| 5h. Other deductions. Specify: | 5h. | +\$_ | 0.00 | + \$ | | |
| | _ | \$_ | | \$ | | |
| | _ | \$_ | | \$ | | |
| | - | \$_ | | \$ | | |
| 6. Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ | n. 6. | \$_ | 1,229.24 | \$ | | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 2,950.00 | \$ | | |
| 8. List all other income regularly received: | | | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$_ | 0.00 | \$ | | |
| 8b. Interest and dividends | 8b. | \$_ | 0.00 | \$ | | |
| 8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive | dent | | | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$_ | 0.00 | \$ | | |
| 8d. Unemployment compensation | 8d. | \$_ | 0.00 | \$ | | |
| 8e. Social Security | 8e. | \$_ | 0.00 | \$ | | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$_ | 0.00 | \$ | | |
| 8g. Pension or retirement income | - 8g. | Ф | 0.00 | ¢ | | |
| · | | Ψ_ | 0.00 | Ψ | | |
| 8h. Other monthly income. Specify: | _ 8h. | + \$_ | | +\$ | 1 | |
| 9. Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_ | 0.00 | \$ | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10 | \$_ | 2,950.00 | + \$ | = | \$2,950.00 |
| 11. State all other regular contributions to the expenses that you list in Sch Include contributions from an unmarried partner, members of your household friends or relatives. | | | dents, your roo | ommates, and o | other | |
| Do not include any amounts already included in lines 2-10 or amounts that are | e not a | vailab | le to pay expe | nses listed in S | | |
| Specify: | | | | | 11. + | \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. T Write that amount on the Summary of Your Assets and Liabilities and Certain | | | | | 12. | \$_2,950.00 |
| | | _ | | | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this No.Yes. Explain: | s torm' | ? | | | | |

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| Fill in this in | nformation to identify | your case: | | | | | |
|---------------------------------|---|---|---------------|--|--------------------------------|-----------------|-------------------------------|
| Debtor 1 | Alexa Marie Genovas | | | 01- | | | |
| Dalue | First Name | Middle Name | Last Name | | eck if this is: I | | |
| Debtor 2 (Spouse, if filing) |) First Name | Middle Name | Last Name | | An amended fi | | office of the decided |
| United States | Bankruptcy Court for the: | Western District of North Card | lina | | IA supplement expenses as o | | etition chapter 13 |
| Case number | | | (Si | ate) | MM / DD / YYYY | | dato. |
| (If known) | | | | | אואו / טט / איזא | | |
| Official I | Form 106J | | | | | | |
| Sched | lule J: Yo | ur Expense | S | | | | 12/15 |
| information. I | | ossible. If two married pe ed, attach another sheet t | - | | | | - |
| Part 1: | Describe Your Hou | ısehold | | | | | |
| 1. Is this a joi | nt case? | | | | | | |
| | pes Debtor 2 live in a s | separate household? le Official Form 106J-2, <i>Exp</i> | penses for Se | eparate Household of D | Pebtor 2. | | |
| 2 Do you hay | ve dependents? | No | | | | | |
| - | Debtor 1 and | Yes. Fill out this inforeach dependent | | Dependent's relationsh Debtor 1 or Debtor 2 | ip to | Dependent's age | Does dependent live with you? |
| | e the dependents' | caon acpendent | | | | | No |
| names. | | | | | - | | Yes |
| | | | | | | | ∐No ∐Yes |
| | | | | | | | □ _{No} |
| | | | | | | | Yes |
| | | | | | | | No |
| | | | | | | | Yes |
| | | | | | | | No |
| | | | | | | | Yes |
| expenses of | penses include of people other than dyour dependents? | ☑ _{No} □ Yes | | | | | |
| | • | | | | | | |
| | | ing Monthly Expenses | | | | <u> </u> | |
| - | | r bankruptcy filing date u nkruptcy is filed. If this is | _ | = | | - | |
| applicable da | | interpretation in this is | и опристи | inai ochedare o, onco | K tilo box at tilo | top or the form | |
| Include expe | nses paid for with no | n-cash government assis | tance if you | know the value of | | | |
| such assistar | nce and have include | d it on Schedule I: Your Ir | ncome (Offic | cial Form 106l.) | | Your exper | nses |
| | or home ownership or the ground or lot. | expenses for your reside | nce. Include | first mortgage payment | s and 4. | \$ | 812.33 |
| If not incl | uded in line 4: | | | | | | 0.00 |
| 4a. Real | estate taxes | | | | 4a. | \$ | 0.00 |
| 4b. Prop | erty, homeowner's, or r | renter's insurance | | | 4b. | \$ | 0.00 |
| 4c. Hom | e maintenance, repair, | and upkeep expenses | | | 4c. | \$ | 50.00 |
| 4d. Hom | eowner's association o | r condominium dues | | | 4d. | \$ | 18.75 |

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Debtor 1

Alexa Marie Genovas

First Name Middle Name Last Name Case number (if known)

| | | Your e | xpenses |
|---|-----------------|--------|---------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 181.34 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 28.67 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 150.00 |
| 6d. Other. Specify: | 6d. | \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. | \$ | 400.00 |
| 8. Childcare and children's education costs | 8. | \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | |
| D. Personal care products and services | 10. | \$ | 75.00 |
| 1. Medical and dental expenses | 11. | \$ | 150.00 |
| 2. Transportation . Include gas, maintenance, bus or train fare. | | • | 300.00 |
| Do not include car payments. | 12. | \$ | 300.00 |
| 3. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 160.00 |
| 4. Charitable contributions and religious donations | 14. | \$ | 0.00 |
| Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 0.00 |
| 15b. Health insurance | 15b. | \$ | 0.00 |
| 15c. Vehicle insurance | 15c. | \$ | 74.00 |
| 15d. Other insurance. Specify: | 15d. | \$ | 0.00 |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: County taxes | 16. | \$ | 12.59 |
| 7. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 219.89 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Specify: | 17c. | \$ | 0.00 |
| 17d. Other. Specify: | 17d. | \$ | 0.00 |
| 8. Your payments of alimony, maintenance, and support that you did not report as deducted your pay on line 5, Schedule I, Your Income (Official Form 106I). | from 18. | \$ | 0.00 |
| 9. Other payments you make to support others who do not live with you. | | | |
| Specify: | 19. | \$ | 0.00 |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: You | ur Income. | | |
| 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| 20b. Real estate taxes | 20b. | \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| otor 1 Alexa Marie Genovas First Name Middle Name Last Name Cas | e number (if known) | | |
|--|---------------------|-------------|----------|
| Other. Specify: Market America | 21. | +\$ +\$ | 150.00 |
| | | +\$ | |
| Calculate your monthly expenses. | | | |
| 22a. Add lines 4 through 21. | 22a. | \$ | 2,932.57 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Ad | d line 22a 22b. | \$ | |
| and 22b. The result is your monthly expenses. | 22c. | \$ | 2,932.57 |
| 3. Calculate your monthly net income. | | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,950.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b. | - \$ | 2,932.57 |
| 23c. Subtract your monthly expenses from your monthly income. | | \$ | 17.43 |
| The result is your monthly net income. | 23c. | Ψ | |
| 4. Do you expect an increase or decrease in your expenses within the year after you file t | his form? | | |
| For example, do you expect to finish paying for your car loan within the year or do you expect | your | | |
| mortgage payment to increase or decrease because of a modification to the terms of your mo | • | | |
| ✓ No. | | | |
| ☐ Yes. Explain here: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| Fill in this in | Fill in this information to identify your case: | | | | | | |
|--|---|-------------|-----------|--|--|--|--|
| Debtor 1 | Alexa Marie Genovas | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: Western District of North Carolina | | | | | | | |
| Case number | (If known) | | | | | | |

| Check if this is an |
|---------------------|
| amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your assets Value of what you own |
|----|--|--------------------------------------|
| | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ 0.00 |
| | inc do, Total real estate, from concedito 7/2 | |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$29,712.12 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ <u>29,712.12</u> |
|) | art 2: Summarize Your Liabilities | |
| | | Your liabilities Amount you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ <u>62,638.20</u> |
| ١. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ <u>1,035.12</u> |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | + \$4,796.16 |
| | Your total liabilities | \$ <u>68,469.48</u> |
| P | art 3: Summarize Your Income and Expenses | |
| 1. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2 <u>,950.00</u> |
| 5. | Schedule J: Your Expenses (Official Form 106J) | _{\$} 2,932.57 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | |

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Alexa Genovas

Debtor 1

First Name Middle Name Last Name Case number (if known)_

| P | art 4: Answer These Questions for Administrative and Statistical Records | |
|----|--|---|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form. Yes | orm to the court with your other schedules. |
| 7. | What kind of debt do you have? ✓ Your debts are primarily consumer debts. Consumer debts are those "incurred by an family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpo ✓ Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | ses. 28 U.S.C. § 159. |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | come from Official \$ |
| 9. | Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> : | Total claim |
| | From Part 4 on <i>Schedule E/F</i> , copy the following: | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$ |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$1,035.12 |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ |
| | 9d. Student loans. (Copy line 6f.) | \$ |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ |
| | 9g. Total. Add lines 9a through 9f. | \$1,035.12 |

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| Fill in this in | formation to ide | entify your case: | | |
|---------------------------------|---------------------|-------------------------------|---------------|--|
| Debtor 1 | Alexa Marie | Genovas Middle Name | LantMana | |
| Dahtar 0 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court fo | or the Western District of No | orth Carolina | |
| Case number | | | | |
| (If known) | | | | |
| | | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No | |
|--|---|
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | |
| | |
| | |
| | |
| | e read the summary and schedules filed with this declaration and |
| ler penalty of perjury, I declare that I hav they are true and correct. | e read the summary and schedules filed with this declaration and |
| | e read the summary and schedules filed with this declaration and |
| | e read the summary and schedules filed with this declaration and |

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| Fill in this int | formation to ident | ify your case: | |
|--------------------------|--------------------|-------------------------|----------------------|
| Debtor 1 | Alexa Marie Ge | enovas | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if fil | ing) First Name | Middle Name | Last Name |
| United States | Bankruptcy Court | for the: Western Distri | ct of North Carolina |
| Case number (if know) | · | | |
| l . | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Give Details About Your Marital Status and | d Where You Lived Befo | re | | | |
|---|---|---|---|---|--|
| 1. What is your current marital status?MarriedNot married | | | | | |
| 2. During the last 3 years, have you lived anywhere on the last 3 years.NoYes. List all of the places you lived in the last 3 years. | • | | | | |
| | Dates Debtor 1 lived there | Debtor 2: | _ | Dates Debtor 2 ived there | |
| | | Same as Debtor 1 | | Same as Debtor 1 | |
| 8830 Chalkstone Road | From <u>04/2018</u> To 12/2020 | | | From | |
| Number Street Charlotte NC 28216 | 10 12/2020 | Number Street | | — То <u>——</u> | |
| City State ZIP Code | | City State ZIP Code | 2 | | |
| property states and territories include Arizona, Californ Wisconsin.) ☑ No ☐ Yes. Make sure you fill out Schedule H: Your Code Part 2: Explain the Sources of Your Income | | | Rico, Texas, Washington | , and | |
| 4. Did you have any income from employment or from Fill in the total amount of income you received from all If you are filing a joint case and you have income that | jobs and all businesses, i | including part-time activiti | es. | ears? | |
| □ No | | | | | |
| ✓ Yes. Fill in the details. | Dobtov 1 | | Dobton 2 | | |
| | Debtor 1 | _ | Debtor 2 | | |
| | Sources of income Check all that apply | Gross income (before deductions and exclusions) | Sources of income Check all that apply | Gross income (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions bonuses, tips | s, \$ <u>36,165.82</u> | Wages, commissions bonuses, tips | s, \$ | |
| | Operating a business | S | Operating a business | S | |
| | | | | | |

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| For last calendar y | ear: | ✓ Wages, combonuses, tips | | Wages, col | |
|--|---|---|--|--|--|
| (January 1 to Decer | mber 31, <u>2022</u> | Operating a | | Operating a | • |
| For the calendar ye | ear before that: | ✓ Wages, combonuses, tips | | Wages, con | |
| (January 1 to Decer | nber 31, 2021_ | Operating a l | business | Operating | a business |
| unemployment, and othe | ss of whether that inco r public benefit payme | ome is taxable. Examples ents; pensions; rental inco | of other income are me; interest; divider | ? alimony; child support; Sociands; money collected from lav u received together, list it only | vsuits; royalties; |
| List each source and the | gross income from ea | ach source separately. Do | not include income | that you listed in line 4. | |
| □ No | | | | | |
| Yes. Fill in the details | Debtor 1 | | | Debtor 2 | |
| | | | | | |
| | Sources of incom Describe below. | source | ductions and | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of currer year until the date you filed for bankruptcy: | Class Action Reco | s 511.07 | | | |
| For last calendar year: | | | | | |
| (January 1 to December 32 2022 | L, | | | | |
| For the calendar year before that: | | | | | |
| (January 1 to December 3: 2021 | L, | | | | |
| Part 3: List Certain Pa | yments You Made B | efore You Filed for Ban | kruptcy | | |
| 6. Are either Debtor 1's or | Debtor 2's debts pr | imarily consumer debts | ? | | |
| No. Neither Debtor | 1 nor Debtor 2 has p | • | s. Consumer debts | are defined in 11 U.S.C. § 10 | 1(8) as |
| • | , , | bankruptcy, did you pay | | of \$7 575* or more? | |
| ☐ No. Go to line | , | ballitaptoy, and you pay | any crounce a total c | 3. Ç ., ç. ç. ç | |
| Yes. List belo | ow each creditor to wh unt you paid that cred | nom you paid a total of \$7 itor. Do not include paym , do not include payments | ents for domestic su | pport obligations, such | |
| * Subject to adju | stment on 4/01/25 and | d every 3 years after that | for cases filed on or | after the date of adjustment. | |
| | | primarily consumer deb or bankruptcy, did you pay | | of \$600 or more? | |
| ☐ No. Go to lir | ne 7. | | • | | |
| credito | r. Do not include payn | hom you paid a total of \$6 nents for domestic suppor payments to an attorney | rt obligations, such a | | |
| | | Dates of payment | Total amount paid | d Amount you still owe | Was this payment for |
| | | | | | |
| | | | | | |

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Debtor

| | Freedom Road Financial Creditor's Name P.O. Box 4597 Number Street Oak Brook IL 60522-45 City State ZIP Code | 08/25/2023 07/25/2023 06/26/2023 | \$ <u>660.00</u> | \$ 7,394.60 | Mortgage Car Credit card Loan repayment Suppliers or vendors ✓ Other motorcycle payment |
|--|--|--|--|--|--|
| | Housemate who handles Creditor's Name rent: Novak Kreuger 154 Winterbell Drive Number Street Mooresville NC 28115 City State ZIP Code | 07/07/23 07/21/23 08/04/23 08/18/23 09/01/23 09/15/23 | \$ <u>2,436.99</u> | \$ 0.00 | Mortgage Car Credit card Loan repayment Suppliers or vendors ✓ Other Rent |
| include your corporations agent, includi such as child | r before you filed for bankru relatives; any general partners of which you are an officer, di ing one for a business you op support and alimony. | s; relatives of any genera rector, person in control, | I partners; partnerships or owner of 20% or more | of which you are a gene of their voting securitie | ral partner; es; and any managing |
| insider? Include paym ☑ No. | r before you filed for bankru nents on debts guaranteed or all payments that benefited an | cosigned by an insider. | y payments or transfer | any property on acco | unt of a debt that benefited an |
| Part 4: Ide | ntify Legal Actions, Reposs | essions, and Foreclosu | res | | |
| List all such r and contract No Yes. Fill ir | disputes. | ury cases, small claims a | ctions, divorces, collectic | on suits, paternity actior | ns, support or custody modifications, |
| Check all tha | at apply and fill in the details b | | property repossessed, | foreclosed, garnished | d, attached, seized, or levied? |
| | ays before you filed for ban accounts or refuse to make a | | | inancial institution, se | et off any amounts |
| 12.Within 1 yea | ar before you filed for bankr court-appointed receiver, a | | | sion of an assignee fo | or the benefit of |
| Part 5: List | t Certain Gifts and Contribu | tions | | | |
| 13.Within 2 yea | ars before you filed for bank | | ny gifts with a total valu | e of more than \$600 p | er person? |

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Debtor

Alexa Marie Genovas
First Name Middle Name

| 1.4 \\/i+ | thin 2 years before you filed for bankruptc | y did you give any gifts or con | stributions with a total value of | f mara than \$600 to | any charity? | |
|-------------|--|-----------------------------------|-----------------------------------|----------------------|--------------------|--|
| 14.0010 | min 2 years before you med for bankrupto | y, did you give any gins of con | illibutions with a total value c | n more man 5000 to | any charity? | |
| ✓ 1 | No | | | | | |
| | Yes. Fill in the details for each gift or contribution. | | | | | |
| | | | | | | |
| Part 6 | List Certain Losses | | | | | |
| rait | List Certain Losses | | | | | |
| 15.Wit | thin 1 year before you filed for bankruptcy | or since you filed for bankrup | tcy, did you lose anything bed | ause of theft, fire, | other disaster, or | |
| gar | mbling? | | | | | |
| √ 1 | No | | | | | |
| = | Yes. Fill in the details. | | | | | |
| ٠. | res. I iii iii are detaile. | | | | | |
| | | | | | | |
| Part 7 | List Certain Payments or Transfers | | | | | |
| 10 \\ | thin 1 year before you filed for books water | did you as anyone also estima | . on very bobolf nov or trough | | | |
| | thin 1 year before you filed for bankruptcy yone you consulted about seeking bankru | | | er any property to | | |
| | lude any attorneys, bankruptcy petition prepa | | | bankruptcy. | | |
| _ n | No. | | , | , , | | |
| | | | | | | |
| | Yes. Fill in the details. | Description and value of an | v property transferred | Date payment or | Amount of | |
| | | Description and value of an | ly property transferred | transfer was | payment | |
| | | | | made | 1, | |
| | | Attorney fees (\$1400) and filin | ng fees (\$338) | 07/2023 | \$ <u>1,200.00</u> | |
| | Law Offices of Robert H. Gourley Jr. PA | | | 09/2023 | \$ <u>538.00</u> | |
| | Person Who Was Paid | | | | | |
| | 249 E Broad St | _ | | | | |
| | Number Street | | | | | |
| | Statesville NC 28677 | _ | | | | |
| | City State ZIP Code | | | | | |
| | | _ | | | | |
| | Email or website address | | | | | |
| | Parson Who Made the Payment if Not You | | | | | |
| | Person Who Made the Payment, if Not You | | | | | |
| | | | | | | |
| | thin 1 year before you filed for bankruptcy yone who promised to help you deal with y | | | er any property to | | |
| | not include any payment or transfer that you | | ients to your creditors? | | | |
| _ | , , , | | | | | |
| ⊘ \ | | | | | | |
| <u></u> □ \ | Yes. Fill in the details. | | | | | |
| 18.Wit | thin 2 years before you filed for bankruptc | y, did you sell, trade, or otherw | vise transfer any property to a | nyone, other than | | |
| pro | perty transferred in the ordinary course o | f your business or financial aff | fairs? | | | |
| | lude both outright transfers and transfers mad | | ng of a security interest or mort | gage on your proper | ty). | |
| DO | not include gifts and transfers that you have | aiready listed on this statement. | | | | |
| | No | | | | | |
| ⊘ / | Yes. Fill in the details. | | | | | |
| | | Description and value of | Describe any property or p | ayments received | Date transfer | |
| | | property transferred | or debts paid in exchange | | was made | |
| | | 2018 Tesla Model 3 | \$47883.54. Of this amount, \$2 | 27392.48 paid the | 12/22/2022 | |
| | Novak Kreuger | | balance of the car loan. The re | emaining amount | <u></u> | |
| | Person Who Received Transfer | | went into the Debtor's bank ac | count and was | | |
| | 154 Winterbell Dr. used to cover bills. | | | | | |
| | Number Street | | | | | |
| | Mooresville NC 28115 | | | | | |
| | City State ZIP Code | | | | | |
| | Person's relationship to you | | | | | |
| | Housemate/Friend | | | | | |
| | | | | | | |
| | | | | | | |

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Debtor

| =: | 16111 11 | |
|-------|---------------|--|
| Alexa | Marie Genovas | |

| Tesla Person Who Received Transfer 9140 E Independence Blvd Number Street Matthews 28105 City State ZIP Code Person's relationship to you None | 2015 Jaguar Type F: Need approx mileage, \$45,000.00 | Traded for 2018 Tesla. | 10/24/2022 | |
|--|--|--|------------|--|
| Tesla Person Who Received Transfer 9140 E Independence Blvd Number Street Matthews NC 28105 City State ZIP Code Person's relationship to you Trade | 2016 Tesla Model S, \$33,800.00 | Traded to purchase 201 Tesla Model 3. Negative equity. Transferred 7/16/2020. Date listed is placeholder to allow for item to appear in petition. | 10/01/2020 | |
| 19.Within 10 years before you filed for bankrup you are a beneficiary? (These are often called ✓ No ✓ Yes. Fill in the details. | | erty to a self-settled trust or similar device of wh | ich | |
| Part 8: List Certain Financial Accounts, Ins | trumants Safa Danasit Payas | and Storage Units | | |
| 20.Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. | | | | |
| securities, cash, or other valuables? | rear before you filed for bankru | ptcy, any safe deposit box or other depository | for | |
| Yes. Fill in the details. 22.Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. | | | | |
| Part 9: Identify Property You Hold or Contro | ol for Someone Else | | | |
| 23.Do you hold or control any property that so or hold in trust for someone. ✓ No ☐ Yes. Fill in the details. | meone else owns? Include any | property you borrowed from, are storing for, | | |
| Part 10: Give Details About Environmental I | nformation | | | |
| For the purpose of Part 10, the following defini | | | | |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | |
| | | | | |

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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First Name Middle Name

Debtor

| 24.Has any governmental unit notified you that y ✓ No ☐ Yes. Fill in the details. | ou may be liable or potentially liable under or in v | iolation of an environmental law? |
|--|--|---|
| 25.Have you notified any governmental unit of an ✓ No ☐ Yes. Fill in the details. | ny release of hazardous material? | |
| 26.Have you been a party in any judicial or admin ✓ No ☐ Yes. Fill in the details. | nistrative proceeding under any environmental lav | v? Include settlements and orders. |
| Part 11: Give Details About Your Business or | Connections to Any Business | |
| A sole proprietor or self-employed in a trad A member of a limited liability company (LL A partner in a partnership An officer, director, or managing executive An owner of at least 5% of the voting or eq No. None of the above applies. Go to Part 12. | of a corporation uity securities of a corporation | , |
| Yes. Check all that apply above and fill in the order of the control of the contr | Describe the nature of the business Market Americahealth and beauty products. Debtor has not operated the business (no activity). Uses it for access to the products. Name of accountant or bookkeeper Self | Employer Identification number Do not include Social Security number or ITIN. EIN: Dates business existed From To Current |
| 28.Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. ✓ No. None of the above applies. Go to Part 12. ✓ Yes. Check all that apply above and fill in the other parties. | r, did you give a financial statement to anyone abo | out your business? Include all financial |

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Debtor

| answers are true and correct. I understa | nd that making a false statement, | tachments, and I declare under penalty of perjury that the , concealing property, or obtaining money or property by fraud or imprisonment for up to 20 years, or both. |
|--|-----------------------------------|--|
| ★ /s/ Alexa Marie Genovas Signature of Palette 1 | Signature of Debto | |
| Signature of Debtor 1 | ŭ | 11 2 |
| Date <u>09/21/2023</u> | Date | |
| Did you pay or agree to pay someone wh | o is not an attorney to help you | fill out bankruptcy forms? |
| ☑ No | | |
| Yes. Name of person | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this information to identify your case: | | | | | | |
|--|----------------|---------------------|-----------|--|--|--|
| Debtor 1 | Alexa Marie Ge | Alexa Marie Genovas | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | | | | | | |
| United States Bankruptcy Court for the: Western District of North Carolina | | | | | | |
| Case number(if known) | | | | | | |

| ☐ Check if this is |
|--------------------|
| an amended |
| filing |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|---|--|---|
| Creditor's name: Freedom Road Financial Description of 2021 Aprilla RS660 property securing debt: | ☐ Surrender the property. ☐ Retain the property and redeem it. ☑ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ☑ Yes |
| Creditor's name: Navy Federal Credit Union Description of 2013 Audi A6 property securing debt: | ✓ Surrender the property. ─ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ☑ No ☐ Yes |
| Creditor's name: Navy Federal Credit Union Description of 2013 Tesla Model S property securing debt: | ✓ Surrender the property. ─ Retain the property and redeem it. ─ Retain the property and enter into a Reaffirmation Agreement. ─ Retain the property and [explain]: | ✓ No Yes |

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Alexa Marie Genovas Debtor

| | · · | |
|---|--|---|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Navy Federal Credit Union Description of Tesla, Audi A6, Accounts property securing debt: | Surrender the property. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: | ✓ No ☐ Yes |
| Creditor's name: Navy Federal Credit Union Description of Tesla, Audi A6, Accounts property securing debt: | ✓ Surrender the property. ─ Retain the property and redeem it. ─ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ✓ No ☐ Yes |
| Creditor's name: Navy Federal Credit Union Description of Tesla, Audi A6, accounts. property securing debt: | ✓ Surrender the property. ─ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | ☑ No □ Yes |
| For any unexpired personal property lease that you listed in the information below. Do not list real estate leases. Un you may assume an unexpired personal property lease if Describe your unexpired personal property leases Will | nexpired leases are leases that are still in effect the trustee does not assume it. 11 U.S.C. § 36 | t; the lease period has not yet ended. |
| art 3: Sign Below | | |
| Inder penalty of perjury, I declare that I have indicated my roperty that is subject to an unexpired lease. | intention about any property of my estate that | secures a debt and any personal |
| /s/ Alexa Marie Genovas Signature of Debtor 1 | Signature of Debtor 2 | |

Date 09/21/2023

MM/DD/YYYY

Date 09/21/2023

MM/DD/YYYY

Case 23-50258 Doc 1 Filed 09/30/23 Entered 09/30/23 16:51:56 Desc Main Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: Alexa Marie Genovas Debtor 1 1. There is no presumption of abuse. Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: Western District of North Carolina Means Test Calculation (Official Form 122A-2). 3. The Means Test does not apply now because of (If known) qualified military service but it could apply later. ☐ Check if this is an amended filing Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income 12/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. **Calculate Your Current Monthly Income** Part 1: 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. ☐ Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through

August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the

Column A

\$4,168.06

Debtor 1

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Column B

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Debtor 2 or non-filing spouse

income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions

filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession,

Net monthly income from a business, profession, or farm

Net monthly income from rental or other real property

Gross receipts (before all deductions)

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net income from rental and other real property

Ordinary and necessary operating expenses

Alimony and maintenance payments. Do not include payments from a spouse if

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not

(before all payroll deductions).

Column B is filled in.

or farm

Debtor 1

\$0.00

- \$0.00

\$0.00

Debtor 1

\$0.00

\$0.00 - \$0.00

Debtor 2

\$0.00

\$0.00

Debtor 2

\$0.00

\$0.00

Copy here

Copy

here -

- \$0.00

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| or 1 Alexa Marie Genovas First Name Middle Name Last Name | Case number (if known) |
|--|---|
| | Column A Column B Debtor 1 Debtor 2 or non-filing spouse |
| Unemployment compensation | \$ 0.00 \$ 0.00 |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: | · · · · · · · · · · · · · · · · · · · |
| For you\$ 0.00 | |
| For your spouse\$ 0.00 | |
| Pension or retirement income. Do not include any amount received that was benefit under the Social Security Act. Also, except as stated in the next senter not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injur disability, or death of a member of the uniformed services. If you received any pay paid under chapter 61 of title 10, then include that pay only to the extent the does not exceed the amount of retired pay to which you would otherwise be exterted under any provision of title 10 other than chapter 61 of that title. | nce, do e ry or retired hat it |
| D. Income from all other sources not listed above. Specify the source and am Do not include any benefits received under the Social Security Act; payments as a victim of a war crime, a crime against humanity, or international or domes terrorism; or compensation, pension, pay, annuity, or allowance paid by the Us States Government in connection with a disability, combat-related injury or dis death of a member of the uniformed services. If necessary, list other sources a separate page and put the total below. | received stic nited sability, or |
| Class action recovery | \$ 70.48 \$ 0.00 |
| | \$ 0.00 \$ 0.00 |
| Total amounts from separate pages, if any. | + \$ 0.00 + \$ 0.00 |
| Colorado como de del como de la c | |
| Calculate your total current monthly income. Add lines 2 through 10 for ea- column. Then add the total for Column A to the total for Column B. | s 4,238.54 + s 0.00 = s 4,238.54 |
| | Total current monthly incom |
| art 2: Determine Whether the Means Test Applies to You | oiany moon |
| | |
| 2. Calculate your current monthly income for the year. Follow these steps: | |
| 12a. Copy your total current monthly income from line 11 | |
| Multiply by 12 (the number of months in a year). | x 12 |
| 12b. The result is your annual income for this part of the form. | 12b. \$\\\ \\$\\\ 50,862.48 |
| 3. Calculate the median family income that applies to you. Follow these step | os: |
| Fill in the state in which you live. | |
| This is did to in which you live. | |
| Fill in the number of people in your household. | |
| Fill in the median family income for your state and size of household | 13 \$ 60,072.00 |
| To find a list of applicable median income amounts, go online using the link spinstructions for this form. This list may also be available at the bankruptcy cleri | pecified in the separate |
| 4. How do the lines compare? | |
| Line 12b is less than or equal to line 13. On the top of page 1, check Go to Part 3. Do NOT fill out or file Official Form 122A-2. | box 1, There is no presumption of abuse. |
| | |

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| r 1 | Alexa Marie Genovas First Name Middle Name Last Name | Case number (if known) |
|--------|---|--|
| art 3: | Sign Below By signing here. I declare under penalty of perjury the | at the information on this statement and in any attachments is true and correct. |
| | ★ /s/ Alexa Marie Genovas | * Control of the statement and in any attachments is true and correct. |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | $Date \frac{09/21/2023}{MM/DD$ | Date |
| | If you checked line 14a, do NOT fill out or file For | m 122A–2. |
| | If you checked line 14b, fill out Form 122A-2 and | file it with this form. |

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United States Bankruptcy Court

| Western District of North Carolina | |
|---|---|
| In re Alexa Marie Genovas | |
| | Case No |
| Debtor | Chapter ⁷ |
| DISCLOSURE OF COMPENSATION OF ATTOR | RNEY FOR DEBTOR |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer above named debtor(s) and that compensation paid to me within petition in bankruptcy, or agreed to be paid to me, for services retained the debtor(s) in contemplation of or in connection with the bankruptcy. | one year before the filing of the ndered or to be rendered on behalf of |
| FLAT FEE | |
| For legal services, I have agreed to accept | \$_1,400.00 |
| Prior to the filing of this statement I have received | \$_1,400.00 |
| Balance Due | \$_0.00 |
| RETAINER | |
| For legal services, I have agreed to accept a retainer of | \$ |
| The undersigned shall bill against the retainer at an hourly rate of | · \$ |
| [Or attach firm hourly rate schedule.] Debtor(s) have agreed to parapproved fees and expenses exceeding the amount of the retainer. | - |
| 2. The source of the compensation paid to me was: | |
| Debtor Other (specify) | |
| 3. The source of compensation to be paid to me is: | |
| Debtor Other (specify) | |
| 4. I have not agreed to share the above-disclosed compensatio are members and associates of my law firm. | n with any other person unless they |
| I have agreed to share the above-disclosed compensation ware not members or associates of my law firm. A copy of the Agreement of the people sharing the compensation is attached. | |
| 5. In return of the above-disclosed fee, I have agreed to render legal | service for all aspects of the |

- 5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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|----------|---|--------------------------------|-----------------------------|-----------------------------------|-------------------|--|
| Ex | d. [Other provision emption planning; preparation | s as needed n and filing of |] motions pursuant to 11 | USC 522(f)(2)(A) for avoidance | ce of liens on ho | usehold goods; see fee contract. |
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| Re ne | epresentation of the debtor(s) | in any discha | rgeability actions, judic | | stay actions; an | services: y other adversary proceedings; applications as needed; see fee |
| | | | | | | |

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|---|--------------|----|----------------|----|----|---|--------------|---|--|
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I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/21/2023 /s/ Robert H Gourley Jr., 19034

Date Signature of Attorney

Law Offices of Robert H Gourley Jr PA

Name of law firm 249 E Broad Street Statesville, NC 28677

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|---|--------------------------------|---|---------------------------------|-------------|-----------|--|--|--|
| | United States Bankruptcy Court | | | | | | | |
| Western District of North Caroli | | | | | | | | |
| In re: Alexa Marie | Genovas | | | Case No. | | | | |
| Debtor(s) | | | | Chapter 7 | | | | |
| Verification of Creditor Matrix | | | | | | | | |
| The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | | | | | |
| Date:09/21/ | 2023 | _ | /s/ Alexa Mai Signature of | | | | | |

Signature of Joint Debtor

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Anthem BCBS P.O. Box 105187 Atlanta, GA 30348-5187

Bankruptcy Adminstrator 401 W. Trade Street Suite 2400 Charlotte, NC 28202

Freedom Road Financial P.O. Box 4597 Oak Brook, IL 60522-4597

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Iredell County Tax Collector P.O. Box 1027 Statesville, NC 28687

Iredell Physicians Network P.O. Box 896199 Charlotte, NC 28289-6199

LabCorp P.O. Box 2240 Burlington, NC 27216

Lake Norman Emergency Med. P.O. Box 1200153 Grand Rapids, MI 49528

Lake Norman Regional P.O. Box 281418 Atlanta, GA 30384-1418

Mecklenburg Radiology P.O. Box 740016 Atlanta, GA 30374-0016

Navy Federal Credit Union PO Box 3100 Merryville, VA 22119

Navy Federal Credit Union PO Box 3500 Merryville, VA 22119

NC Dept of Revenue PO Box 1168 Raleigh, NC 27602

NC Quickpass Processing Center P.O. Box 100020 Atlanta, GA 30348

Prince Parker & Associat P.O. Box 474690 Charlotte, NC 28202 Trinity Hope LLC P.O. Box 607 Hudson, NC 28638

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